



# EMPLOYMENT APPLICATION

## APPLICANT INFORMATION

Last Name:		First Name:		M.I.:	
Street Address:			Apartment/Unit #:		
City:		State:	Zip:		
Phone:		Email:			
Date Available:			Desired Salary:		
Position Applied for:					
Are you a citizen of the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		If No, Are you Authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you have any relatives that work at MINPACK?					
If Yes, Please list their name(s):					

## EDUCATION

High School:		Address:			
From :	to	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Degree:	
College:		Address:			
From :	to	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Degree:	
Other:		Address:			
From :	to	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Degree:	

## REFERENCES Please list three professional references, who are not related to you.

Full Name:		Relationship:			
Company:		Phone:			
Address:					
Full Name:		Relationship:			
Company:		Phone:			
Address:					
Full Name:		Relationship:			
Company:		Phone:			
Address:					

## MILITARY SERVICE

Branch:		From: to			
Rank at Discharge:		Type of discharge:			
If other than honorable discharge, explain:					

**PREVIOUS EMPLOYMENT**

Company:	Phone:
Address:	Superior:
Job Title:	From: to
Responsibilities:	
Reason for leaving:	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Company:	Phone:
Address:	Superior:
Job Title:	From: to
Responsibilities:	
Reason for leaving:	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Company:	Phone:
Address:	Superior:
Job Title:	From: to
Responsibilities:	
Reason for leaving:	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO

**APPLICATION QUESTIONS**

Do you have the ability to occasionally lift and/or move up to 40 pounds?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have reliable transportation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have the ability to sit and /or stand for 8 hours?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Why are you interested in this position?	
What are your specific skills and strengths that align with the responsibilities of this position?	
Are there any details you'd like to add to your application?	

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my employment,

I understand that false or misleading information in my application or interview may result in my dismissal.

Signature:	Date:
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